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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

22

Application Number	10/575,909
Filing Date	April 13, 2006
First Named Inventor	NOELLE, Philippe
Art Unit	3753
Examiner Name	BASKIN, Jeremy S.
Attorney Docket Number	H0004872-2930

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form PTO 2038.
<b>Remarks</b> The enclosed amendment includes two replacement drawing sheets as required.  If any further extension of time under 37 CFR 1.136(a) is required, please consider this a request for that extension.		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Office of John A. Griecci		
Signature			
Printed name	John A. Griecci		
Date	January 15, 2010	Reg. No.	39,694

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	John A. Griecci	Date	January 15, 2010

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